WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 193

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No. 18839
Township Little Prairie — Primary Registration District No. 5-862 — Registered No. 57
City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Nathaniel Porter Evans

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1931

7. AGE YEARS 0 MONTHS 1 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gore's Island Tennessee

FATHER
13. NAME Nathaniel Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgley Tennessee

MOTHER
15. MAIDEN NAME Fannie Stanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgley Tennessee

17. INFORMANT (ADDRESS) Nathaniel Evans Gore's Island

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Prairie Cemetary DATE May 3 1931

19. UNDERTAKER (ADDRESS) J. L. La Tonge Caruthersville Mo

20. FILED June 10, 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2; 5 AM 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
158 No unknown Medical attendant
Date of onset

Other contributory causes of importance:
20018

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Fred L. Ogilvie, H.O., M. D.
(Address) Caruthersville, Mo.

~~HLC~~ INS